

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/009139		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1			/				51		
2			/				52		
3			/				53		
4			/				54		
5			/				55		
6			/				56		
7			/				57		
8			/				58		
9			/				59		
10			/				60		
11			/				61		
12			/				62		
13			/				63		
14			/				64		
15			/				65		
16			/				66		
17			/				67		
18			/				68		
19			/				69		
20			/				70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			/				TOTAL IND.		
TOTAL DEP.			18				TOTAL DEP.		
TOTAL CLAIMS			19				TOTAL CLAIMS		